FRANKLIN COUNTY Employer's Quarterly Return License Fees Withheld

FRANKLIN COUNTY, KENTUCKY - Quarterly report of wages paid and tax withheld.

If no wages were paid this quarter mark "NONE" and return this form with explanation

| Employer's Quarterly Return License Fees Withheld | | | k "NONE" and return this form with explanation. |
|---|----|---|--|
| 1. NUMBER OF TAXABLE EMPLOYEES | | MAIL TO: FRANKLIN COUNTY OCCUPATIONAL TAX P.O. BOX 594 | 6. ADJUSTMENTS (EXPLAIN ON REVERSE SIDE) \$ |
| 2. TOTAL SALARIES, WAGES, COMMISSION & OTHER COMPENSATION PAID ALL EMPLOYEES | \$ | FRANKFORT, KENTUCKY 40602 MAKE CHECKS PAYADIÆ TO : TREASURER, FRANKLIN COUNTY | 7. PENALTY -5% per month or \$ portion of month, not to exceed 25%. |
| 3. LESS ITEMS NOT SUBJECT TO (COMPENSATIONS PAID FOR SERVICES RENDERED INSIDE THE CITY OF FRANKFORT AND OUTSIDE FRANKLIN COUNTY) | s | FOR QUARTER ENDING | Minimum \$25.00 8. INTEREST 1% PER MONTH \$ |
| 4. EARNINGS SUBJECT TO LICENSE FEE (LINE 2 MINUS LINE 3) | s | DUE ON OR BEFORE | CREDIT BALANCE \$- |
| 5. LICENSE FEE DUE FOR QUARTER AT 1% | \$ | ACCOUNT | 9. TOTAL DUE \$ 10. TOTAL PAYMENT DUE WITH THIS RETURN |
| | | | No employees this quarter. No employees in the future. |
| * | | 1: | I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE CORRECT |
| | | | DATE ———————————————————————————————————— |
| State on this return if there has been any changes in name, ownership, address, etc. If a "FINAL RETURN" explain on reverse side. | | CUSTOMER COPY | TITLE Owner, Partner, Manager, President, Etc. SIGNED |
| | | | PRINT NAME |
| | | | |

INSTRUCTIONS for PREPARING and FILING FC-Form Q2

Each employer of one or more persons must withhold the license fee 1% from gross salaries, and commisions paid. All employees are subject to the license fee, except domestics in the home and ordained ministers of religion, including employees of organizations in a business that is not subject to the license fee.

QUARTERLY RETURN - A quarterly return for all license fees withheld must be filed and the license fee paid by the last day of the month following the close of the calendar quarter. An employer shall be liable to a fine and imprisonment as provided by ordinance for failure to file a return. Interest and penalties are also provided for late filing.

Line 1. Enter number of employees after eliminating those who are not subject.

Line 2. Enter total salaries, wages, commissions, incentive payments, bonuses and other compensation paid all employees during the quarter for which return is prepared. If no salaries, wages, or other compensations was paid during this quarter, so indicate and file FC-Form Q-2 with explanation.

Line 3. Enter that portion of the compensation paid employees for services rendered inside the City of Frankfort and outside Frankfin County.

Line 4. Represents the difference between Items 2 and 3,

Line 5. Shall be the actual license fee due at the rate of 1%.

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|---|-----------|--|--|--|
| 1. NUMBER OF TAXABLE EMPLOYEES | | I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE CORRECT DATE OFFICIAL TITLE OWner, Partner, Manager, President, Etc. PRINT NAME | | |
| 2. TOTAL SALARIES, WAGES, COMMISSION & OTHER COMPENSATION PAID ALL EMPLOYEES | \$ | | | |
| 3. LESS ITEMS NOT SUBJECT TO (COMPENSATIONS PAID FOR SERVICES RENDERED INSIDE THE CITY OF FRANKFORT AND OUTSIDE FRANKLIN COUNTY) | S | | | |
| 4. EARNINGS SUBJECT TO LICENSE FEE (LINE 2 MINUS LINE 3) | \$ | MAKE CHECKS PAYABLE TO: TREASURER, FRANKLIN COUNTY MAIL TO: FRANKLIN COUNTY | (EXI DATE OF THE FERON OFFICE) | |
| 5. LICENSE FEE DUE FOR QUARTER AT 1% | \$ FRANKE | OCCUPATIONAL TAX P.O. BOX 594 FRANKFORT, KENTILICKY 40602 | 7. PENALTY -5% per month or \$ portion of month, not to exceed 25%. Minimum \$25.00 | |
| | | FOR QUARTER ENDING 8. INTEREST 1% PE | 8. INTEREST 1% PER MONTH \$ | |
| State on this return if there has been any changes in name, ownership, address, etc. If a "FINAL RETURN" explain on reverse side. | | DUE ON OR BEFORE | CREDIT BALANCE \$- | |
| | | ACCOUNT | 9, TOTAL DUE \$ | |
| | | RETURN WITH PAYMENT | 10. TOTAL PAYMENT DUE WITH THIS RETURN \$ No employees this quarter. No employees in the future. | |